

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>B023016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALLIE'S VILLAGE MEMORY CARE HOMES LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 RESEARCH PARK DRIVE LAWRENCE, KS 66049</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS  The following citations represent the findings of an initial survey with complaint investigation 74020 at the above named home plus facility on 4-14-14, 4-15-14, 4-16-14 and 4-17-14.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission  (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.  This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a)  The facility reported a census of 8 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 1 (#304) of 1 closed record review, the operator failed to ensure on or before admission to the facility, a licensed nurse, licensed social worker or the operator conducted a screening to	S5080		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5080	Continued From page 1  determine the resident's functional capacity and recorded all findings on a screening form specified by the department.  Findings included:  - Record review for resident #304 revealed admission on 2-12-14 with diagnoses Anorexia, Pain, Hypertension, Hypothyroidism, Esophageal Reflux, Dyspnea and Pacemaker.  The Residential Functional Capacity Screen lacked documentation of findings.  Interview on 4-14-14 at 9:55 am with administrative nurse B stated the task of filling out the FCS was "delegated to someone and they didn't do it." Confirmed the facility failed to perform a screening of the resident's functional capacity on or before admission.  For resident #304, the operator failed to ensure on or before admission to the facility, a licensed nurse, licensed social worker or the operator conducted a screening to determine the resident's functional capacity and recorded all findings on a screening form specified by the department.	S5080		
S5095 SS=F	26-42-201 (d) Functional Capacity Screen Accurate  (d) Designated staff shall ensure that each resident 's functional capacity at the time of screening is accurately reflected on that resident 's screening form.	S5095		

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S5095	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 3 (#300, 3301, #302) of 3 sampled residents, designated staff failed to ensure each resident's functional capacity at the time of the screening is accurately reflected on that resident's screening form.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for resident #300 revealed admission on 4-13-14 with diagnoses Hypertension, Hyperlipidemia, Cerebrovascular Disease, Atrial Fibrillation, Dementia Vascular Type, Severe with Agitation and Seizures.</li> </ul> <p>The Functional Capacity Screen dated 4-13-14 recorded resident required physical assistance with bathing; supervision with dressing, toileting, transfers, and walking/mobility. independent with eating and unable to perform management of medications and treatments. Usually continent of bladder. Current problems/risks identified included impaired hearing, impaired vision, impaired decision-making and socially inappropriate disruptive behavior. The FCS lacked documentation of scoring for Cognition. Further lacked documentation of medications, ordered therapies and treatments and comments.</p> <p>Interview on 4-14-14 at 3:00 pm with administrative nurse B confirmed the facility's FCS form was completed incorrectly.</p>	S5095		

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S5095	<p>Continued From page 3</p> <p>For resident #300, the designated staff failed to ensure each resident's functional capacity at the time of the screening is accurately reflected on that resident's screening form.</p> <p>- Record review for resident #301 revealed admission on 11-5-13 with diagnoses Pick's Disease (Frontal Lobe Dementia), Diabetes Mellitus, Hypothyroidism, Hypertension, Hypercholesterolemia and Gastroesophageal Reflux Disorder.</p> <p>The Residential Functional Capacity Screen (FCS) dated 11-5-13 recorded resident required supervision of bathing and dressing; independent with toileting, transfers, walking/mobility and eating; and unable to perform management of medications/treatments. Usually continent of bladder. No problems with communication. Current problems/risks identified included wandering and impaired decision-making. Cognition: problems with short term memory indicated, the form documented inappropriate scores of "5" for long term memory and "18" score for decision-making and lacked a score for memory/recall. The FCS further lacked documentation of medications, ordered therapies and treatments and any comments.</p> <p>Interview on 4-14-14 at 3:00 pm with administrative nurse B confirmed the facility's FCS form was completed incorrectly.</p> <p>For resident #301, the designated staff failed to ensure each resident's functional capacity at the time of the screening is accurately reflected on that resident's screening form.</p>	S5095		

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S5095	Continued From page 4  - Record review for resident #302 revealed admission on 1-30-14 with diagnoses Vascular Dementia, Alzheimer's, Depression and Behavioral Disturbance.  The Functional Capacity Screen dated 1-30-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; and independent with eating. Communication: Rarely or never understandable and sometimes understands. Current problems identified included falls/unsteadiness, wandering and impaired decision-making. The FCS lacked documentation of scores for Bladder Continence and Cognition. The FCS further lacked documentation of medications, ordered therapies and treatments and any comments.  Interview on 4-14-14 at 3:00 pm with administrative nurse B confirmed the facility's FCS form was completed incorrectly.  For resident #302, the designated staff failed to ensure each resident's functional capacity at the time of the screening is accurately reflected on that resident's screening form.	S5095		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement  a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal	S5105		

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S5105	<p>Continued From page 5</p> <p>representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 2 (#301, #302) of 3 sampled residents and 1 (#304) of 1 closed records, the operator failed to ensure the development of a written negotiated service agreement based on the resident's functional capacity screening, service needs and preferences in collaboration with the resident or the resident's legal representative and if agreed to by the resident or the resident's legal representative, the resident's family. The negotiated service agreement shall provide a description of the services the resident will receive; identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for resident #301 revealed admission on 11-5-13 with diagnoses Pick's Disease (Frontal Lobe Dementia), Diabetes Mellitus, Hypothyroidism, Hypertension,</li> </ul>	S5105		

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S5105	<p>Continued From page 6</p> <p>Hypercholesterolemia and Gastroesophageal Reflux Disorder.</p> <p>The Residential Functional Capacity Screen dated 11-5-13 recorded resident required supervision of bathing and dressing; independent with toileting, transfers, walking/mobility and eating; and unable to perform management of medications/treatments. Usually continent of bladder. Cognition: problems with short term memory indicated, the form lacked scoring for long term memory, memory/recall and decision-making. No problems with communication. Current problems/risks identified included wandering and impaired decision-making.</p> <p>The Negotiated Service Agreement dated 1-3-14 recorded the following services: Food Service - daily snack. 1800 Calorie American Diabetic Association diet Personal Care - bathing, incontinence assistance, morning and evening assistance with dressing/grooming. Overall Special Assessment and Monitoring: Fall risk (the NSA lacked interventions to address fall risk) Skilled nursing services to be provided: toileting, showers, medication, diet. Nursing services to be supervised: Monitor vital signs, medication assistance, emergency response system, sleep cycle support, review/reporting of changes in function and condition, wound care, range of motion, management of behavioral symptoms. The NSA lacked documentation of a description of services for diabetes management including who is responsible for insulin administration, and blood glucose monitoring; further lacked identification of pharmacy provider and</p>	S5105		

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S5105	<p>Continued From page 7</p> <p>identification of each party responsible for payment of the pharmacy.</p> <p>Review of computerized Medication Administration Record for April 2014 revealed: Blood Glucose results and Novolog Flexpen subcutaneously per sliding scale no more than 15 minutes before meal documented as administered by licensed nurses.</p> <p>Interview on 4-15-14 at 3:40 pm with administrative nurse B confirmed the NSA lacked documentation of a description of services for management of diabetes which included who is responsible for blood glucose monitoring and administration of insulin as ordered by the physician. Stated the task of blood glucose monitoring was done by nurses and 1 certified medication aide who he/she had trained.</p> <p>For resident #301, the operator failed to ensure the NSA contained a description of services for diabetic management including who is responsible for insulin administration, blood glucose monitoring, identification of the pharmacy provider and identification of each party responsible for payment of the pharmacy.</p> <p>- Record review for resident #302 revealed admission on 1-30-14 with diagnoses Vascular Dementia, Alzheimer's, Depression and Behavioral Disturbance.</p> <p>The Functional Capacity Screen dated 1-30-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; and independent with eating. Bladder Continence: not scored.</p>	S5105		



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S5105	<p>Continued From page 8</p> <p>Cognition: not scored. Communication: Rarely or never understandable and sometimes understands. Current problems identified included falls/unsteadiness, wandering and impaired decision-making.</p> <p>The Negotiated Service Agreement (NSA) recorded the following services: Food Service - assistance with eating, daily snack and Boost (supplement) Personal Care - Bathing, toileting assistance, incontinence assistance, morning and evening assistance with dressing/grooming. Cognitive services - none Nursing services to be supervised: Monitor vital signs, medication assistance, emergency response system, review/reporting of changes in function and condition, range of motion, management of behavior symptoms. The NSA lacked a description of physical therapy and occupational therapy services, identification of the provider of the therapy services and identification of each party responsible for payment of the agency providing the therapy services. The NSA further lacked documentation of interventions to address resident's fall risk as identified on the FCS.</p> <p>Hospital discharge documented admission to hospital on 3-27-14 with diagnosis of urosepsis and encephalopathy. Transferred to transitional care unit on 4-2-14 then discharge back to facility on 4-4-14. Discharge orders dated 4-4-14 for Physical Therapy/Occupational Therapy (PT/OT) to evaluate and treat.</p> <p>Nurse's Notes documented the following: 4-7-14 at 1:00 pm: "Resident had physical therapy and observed to cooperate, walker adjusted to his/her height." Signed by licensed</p>	S5105		

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S5105	<p>Continued From page 9</p> <p>staff C.</p> <p>4-11-14 at 5:00 pm: Earlier at 3:00 pm physical therapist visited with resident and will continue with physical therapy." Signed by licensed staff E.</p> <p>4-14-14 at 12:00 pm: "Resident visiting with occupational therapist. Noted to follow simple instructions today." Signed by licensed staff C.</p> <p>4-9-14 at 4:00 pm: "OT evaluation completed. Resident familiar to this therapist from prior encounters at this facility...noted to have impaired ability for safe mobility, self feeding, toileting and decrease visual attentiveness over baseline affecting activities of daily living...Recommend 2 weeks 2 times follow up for occupational therapy starting 4-14-14." Signed by occupational therapist.</p> <p>4-14-14: "OT follow up during lunch routine today. Patient is in wheelchair due to difficulty with coming to stand, impulsivity, and high fall risk. Patient presents with decreased transfer ability this date. Became agitated at lunch. 2 staff assisted to toilet...Max assist times 2 for wheelchair to toilet transfer..." Signed by occupational therapist.</p> <p>Interview on 4-15-14 at 5:30 pm with administrative nurse B confirmed the NSA lacked documentation of description of PT/OT services, identification of the home health agency providing the therapy services and identification of the party responsible for payment of the agency.</p> <p>For resident #302, the operator failed to ensure the negotiated service agreement provided a description of the physical/occupational therapy services the resident will receive; identification of the home health agency providing the therapy services and identification of each party</p>	S5105		

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S5105	Continued From page 10  responsible for payment of the home health agency.  - Record review for resident #304 revealed admission on 2-12-14 with diagnoses Anorexia, Pain, Hypertension, Hypothyroidism, Esophageal Reflux, Dyspnea and Pacemaker.  The Residential Functional Capacity Screen lacked documentation of findings.  Review of the Negotiated Service Agreement (NSA) for resident #304 revealed the NSA signed by the operator, nurse and resident's legal representative lacked documentation of a description of any services and identification of any service providers.  Interview on 4-15-14 at 9:55 am with administrative nurse B confirmed the NSA lacked documentation of a description of services, provider of services and parties responsible for payment if outside resources provided a service. Stated, "we verbalized over it."  For resident #304, the operator failed to ensure the development of a written negotiated service agreement based on the resident's functional capacity screening, service needs and preferences.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions  (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any	S5116		

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S5116	<p>Continued From page 11</p> <p>significant change in condition, as defined in K.A.R. 26-39-100;</p> <p>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and</p> <p>(4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents and 1 closed record review. Based on observation, record review and interview for 1 (#302) of 3 sampled residents, the operator failed to ensure the review and revision of the negotiated service agreement following a significant change in condition.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for resident #302 revealed admission on 1-30-14 with diagnoses Vascular Dementia, Alzheimer's, Depression and Behavioral Disturbance.</li> </ul> <p>The Functional Capacity Screen dated 1-30-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; and independent with eating. Bladder Continence: not scored. Cognition: not scored. Communication: Rarely or never understandable and sometimes understands. Current problems identified</p>	S5116		

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S5116	<p>Continued From page 12</p> <p>included falls/unsteadiness, wandering and impaired decision-making.</p> <p>The Negotiated Service Agreement recorded the following services: Food Service - assistance with eating, daily snack and Boost (supplement) Personal Care - Bathing, toileting assistance, incontinence assistance, morning and evening assistance with dressing/grooming. Cognitive services - none Nursing services to be supervised: Monitor vital signs, medication assistance, emergency response system, review/reporting of changes in function and condition, range of motion, management of behavior symptoms.</p> <p>Physician Fax Order form dated 3-25-14 stated, "Resident observed sleepy and tired compared to normal days. slept all night, responsive to verbalization, can barely stand when transferring to wheelchair. Range of motion tolerated, facial grimaces. When helped to sit, unable to specify the location of pain. Resident refused to eat which is not normal."</p> <p>Hospital discharge documented admission to hospital on 3-27-14 with diagnosis of urosepsis and encephalopathy. Transferred to transitional care unit on 4-2-14 then discharge back to facility on 4-4-14.</p> <p>Nurses Notes recorded the following: 4-4-14 at 12:00 pm "Resident back from the hospital accompanied by family member, assisted times 2 from the car to the wheelchair. Gait belt on, resident observed confused and disoriented times 3. Assisted with feeding, fluids encouraged." Signed by licensed staff C.</p>	S5116		

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NAME OF PROVIDER OR SUPPLIER  <b>ALLIE'S VILLAGE MEMORY CARE HOMES LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 RESEARCH PARK DRIVE LAWRENCE, KS 66049</b>		
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S5116	<p>Continued From page 13</p> <p>4-4-14 at 3:00 pm: "Continues to orient back to the facility. Observed to be in good spirits. Assist times 2. Staff encouraged to assist resident with pericare on every toileting." Signed by licensed staff E.</p> <p>4-5-14 at 8:30 am: "Resident assisted times 2 with transfers and toileting..." Signed by licensed staff C.</p> <p>4-6-14 at 10:00 am: "Resident continues to be times 2 assist with activities of daily living with occasional eye contact when having conversation, responds to name, continues to be confused per baseline." Signed by licensed staff C.</p> <p>4-8-14 at 7:00 am: "Staff reported that this resident was observed on the floor in the bathroom. Twenty minutes earlier was in bed sleeping and staff member was on routine checks when he/she found resident sitting next to the toilet feet facing the shower. Resident reportedly voiced 'I am so sorry, I don't know what happened.' Resident sustained small skin tear approximately 2 centimeters by 2 centimeters and a bruise on the left elbow." Signed by licensed staff E.</p> <p>4-12-14 at 11:30 am: "Resident being assisted at the lunch table. Observed to have a weak gait and leaning forward while ambulating. Remains times 2 assist." Signed by license staff E.</p> <p>4-13-14 at 6:00 am: "Resident had a sound sleep, was incontinent once. He/She is being assisted to the bathroom by 2 people (me and the certified nurse aide). Resident voided and we assisted him/her back to bed." Signed by certified staff F.</p>	S5116		

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S5116	<p>Continued From page 14</p> <p>4-13-14 at 10:00 am: "Resident observed to be restless and confused. Gait very poor and to able to use a walker as before. Wheelchair used. Remains times 2 assist with gait belt." Signed by licensed staff E.</p> <p>Observation on 4-15-14 at 2:05 pm revealed resident #302 with reddish/purple discolorations around both eyes and brownish/purple discoloration across bridge of nose. Resident ambulated with walker, gait belt and staff stand by assistance throughout facility during the morning. After lunch, ambulated again then sat down to rest on sofa. When staff went to take resident to the bathroom, he/she was unable to stand. Required assist of 2 staff members to transfer into wheelchair. Once in bathroom, resident was unable to stand and bear weight or follow instructions to hold onto grab bars or walker to aide in standing. Eventually stood with great difficulty and required assist of 2 staff to transfer onto toilet. Resident required staff to pull down clothing, perform pericare and pull up clothing. Unable to assist with any part of toileting.</p> <p>Interview on 4-15-14 at 2:05 pm with licensed staff C and certified staff D stated resident "has been this way since he/she returned from the hospital." Stated the resident had a change of condition. Stated resident will walk until he/she is exhausted and unable to stand then requires a wheelchair and 2 people to assist with transfers and toileting.</p> <p>Interview on 4-15-14 at 5:35 pm with administrative nurse B confirmed the NSA lacked review and revision when resident #302 re-admitted to facility on 4-4-14 and required</p>	S5116		

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S5116	Continued From page 15  assist times 2 with transfers, toileting and mobility.  For resident #302, the operator failed to ensure the review and revision of the negotiated service agreement following a significant change in condition resulting in weakness which required 2 staff to assist with toileting, transfers and mobility after a return from the hospital.	S5116		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services  (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.  This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c)  The facility reported a census of 8 residents. The sample included 3 residents and 1 focus review resident. Based on observation, record review and interview for 1(#300) of 3 sampled residents and 1 (#305) non sampled resident with orders	S5185		



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S5185	<p>Continued From page 16</p> <p>for a mechanically altered diet, the operator failed to ensure meals shall be prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>Finding included:</p> <ul style="list-style-type: none"> <li>- Record review for resident #300 revealed order dated 4-13-14 for Mechanical Soft Diet with Ensure supplement twice a day.</li> </ul> <p>Record review for resident #305 revealed order dated 2-10-14 for mechanical soft diet with pureed meats, thin liquids.</p> <p>Observation of lunch on 4-15-14 at 12:15 pm revealed most of the resident at the table eating "tacos". Dietary staff G stated these were prepared per resident request. He/she used shredded lettuce, topped with hamburger, beans, and cheese. Cheese dip, bean dip, sour cream and salsa on the table. Stated the chips were not placed on the table until nursing staff sat down to supervise.</p> <p>Interview on 4-16-14 at 12:16 pm with dietary staff G stated he/she prepared a mechanical soft diet with a blender which has small individual cups. Meatloaf is not put in a blender, it is instead mashed with a fork. Stringy roast is "put in a blender and pulsed to where it's soft." Most meat is cooked in a crock pot overnight. Confirmed he/she did not have written instructions for preparing a mechanical soft diet and pureed meats.</p> <p>For all residents receiving a mechanical soft diet, the operator failed to ensure all mechanically altered diets were prepared according to instructions from a medical care provider or</p>	S5185		

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S5185	Continued From page 17  licensed dietitian.	S5185		
S5215 SS=F	<p>26-42-104 (d) Disaster and Emergency Preparedness Education</p> <p>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:</p> <p>(1) Orientation of new employees at the time of employment to the home ' s emergency management plan;</p> <p>(2) education of each resident upon admission to the home regarding emergency procedures;</p> <p>(3) quarterly review of the home ' s emergency management plan with employees and residents; and</p> <p>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for all staff and residents, the operator failed to ensure disaster and emergency preparedness by performing quarterly reviews of the home's emergency management plan with employees and residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of the facility's emergency management</li> </ul>	S5215		

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S5215	Continued From page 18  plan revealed the plan lacked documentation of quarterly review with staff and residents.  Review of policy for "Staff Training" stated "Direct care staff with residents will receive initial orientation and ongoing in-service training based on state regulations and the needs of the residents being served...1. Training on the following topics is included during caregiver orientation training and ongoing in-services. f. Emergencies, evacuations, disasters, incident reporting."  Interview on 4-14-14 at 12:00 pm and 4:20 pm with operator and administrative nurse B stated review of the emergency management plan is "done at orientation with the staff." and he/she "goes over the procedure for evacuation with the residents." Confirmed he/she had not documented the inservices with residents and employees and there is no system/schedule in place to ensure quarterly review of the emergency management plan with residents and employees.  For all residents and staff, the operator failed to ensure disaster and emergency preparedness by performing quarterly reviews of the home's emergency management plan with employees and residents.	S5215		
S5250 SS=D	26-42-105 (f) (1 - 10) Resident Records Content  (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any	S5250		

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S5250	<p>Continued From page 19</p> <p>amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(6)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 1 (#300) of 3 sampled residents, the operator failed to ensure the resident's record contained the negotiated service agreement and any revision.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for resident #300 revealed admission on 4-13-14 with diagnoses Hypertension, Hyperlipidemia, Cerebrovascular Disease, Atrial Fibrillation, Dementia Vascular Type, Severe with Agitation and Seizures.</li> </ul>	S5250		

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S5250	Continued From page 20  The Functional Capacity Screen dated 4-13-14 recorded resident required physical assistance with bathing; supervision with dressing, toileting, transfers, and walking/mobility. independent with eating and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: not scored. Current problems/risks identified included impaired hearing, impaired vision, impaired decision-making and socially inappropriate disruptive behavior.  The record lacked a negotiated service agreement (NSA).  Interview on 4-14-14 at 3:10 pm with administrative nurse B stated the original NSA was given to the residents family for signature and the facility did not keep a copy. Confirmed the record lacked documentation of a NSA.  For resident #300, the operator failed to ensure the resident's record contained the negotiated service agreement.	S5250		
S5380 SS=F	28-39-437 Plumbing and Piping Systems  (i) Plumbing and piping systems.  (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached.  (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents.	S5380		

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S5380	<p>Continued From page 21</p> <p>This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents and 1 closed record review. Based on observation and interview for all residents, the operator failed to ensure the temperature of hot water shall range between 98 degrees Fahrenheit and 120 degrees Fahrenheit at showers, tubs and lavatories accessible to residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation on 4-14-14 at 12:30 pm during entrance tour of facility revealed the following: Laundry room sink hot water temperature at 131.5 degrees Fahrenheit. Resident #301 (room #7) bathroom sink hot water temperature 131.3 degrees Fahrenheit</li> <li>Observation on 4-14-14 at 5:00 pm revealed: Resident #300 (room #6) bathroom sink hot water temperature 133.7 degrees Fahrenheit. Recheck of laundry room sink hot water temperature of 135.1 degrees Fahrenheit.</li> <li>Observed 2 hot water tanks in locked closet with sign reading: Bedrooms 5-8, laundry room, cleaning closet. Administrative nurse B adjusted thermostat on both tanks and drained water from tanks to lower hot water temperatures.</li> <li>Recheck of hot water temperatures on 4-15-14: Laundry room 103.6 degrees Fahrenheit Resident #300's bathroom 104.7 degrees Fahrenheit Resident #301's bathroom 103.8 degrees Fahrenheit</li> </ul>	S5380		

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S5380	<p>Continued From page 22</p> <p>The resident roster identified all residents with impaired cognition. The roster identifies residents in rooms #5, #6, #7, and #8 require staff assistance with toileting. Observations during survey revealed no residents going to the bathroom without staff assistance.</p> <p>Interview on 4-14-14 at 2:35 pm with operator stated the temperatures were "supposed to be taken quarterly" but confirmed the facility lacked a policy and system for regular monitoring and documentation of hot water temperatures. Provided a list of temperatures taken when the facility first opened around July 2013. On 4-15-14, the operator provided a written procedure for monitoring of hot water temperatures: "Water Temperature Control Procedure."</p> <p>For all residents, the operator failed to ensure the temperature of hot water shall range between 98 degrees Fahrenheit and 120 degrees Fahrenheit at showers, tubs and lavatories accessible to residents.</p>	S5380		